



2022 Taekwondo Alliance Tournament



**SATURDAY, NOV 26TH - 9:00AM (DOORS OPEN @ 8:00AM)
SINCLAIR PARK COMMUNITY CENTRE - 490 SINCLAIR ST**

Note: **NO** outside food & drinks allowed in the premises. Concession will be open for the duration of the tournament.
CASH ONLY TOURNAMENT

ATHLETE REGISTRATION FORM

FIRST NAME: LAST NAME:

DOB: GENDER: HEIGHT: (cms) WEIGHT: (kgs)

ADDRESS: PHONE:

CITY: PROV/STATE: EMAIL:

MARTIAL ARTS SCHOOL: BELT/RANK:

COMPETITION EVENTS

PATTERNS SPARRING/BOARD BREAKING
(circle the event you want to participate)
(ONLY ONE)

TOURNAMENT FEES

PAYMENT DETAILS

REGISTRATION INQUIRIES

SINGLE EVENT - \$75
BOTH EVENTS - \$75
DEADLINE - THURSDAY, NOV 17TH

PAYMENT(S) CAN BE MADE
BY CASH OR BY
E-TRANSFER SENT TO
YOUR INSTRUCTOR

KABIR BHAKTA
EVENT DIRECTOR
431.556.2504
kabirbhakta25@gmail.com

I, the undersigned, in consideration of my participation in the 2022 Taekwondo Alliance Tournament agree to indemnify and hold the Organizing Committee or their respective directors, employees, volunteers, and/or assignees and competitors, harmless and release same from any and all liability for any injury or illness which may be suffered by the undersigned registered in the 2022 Taekwondo Alliance Tournament. I have read the above application and agreement and I fully understand that I assume all risks for any injuries received. I further understand the contents of the information published and agree with them in their entirety.

I fully understand that any medical treatment given to me during the 2022 Taekwondo Alliance Tournament will be of a first aid treatment only. I hereby certify that I have not suffered a concussion, head injury, loss of consciousness or blow to the head followed by dizziness, memory loss or headache in any activity in the past 30 days nor have I had any injuries that would prevent me from competing in the Tournament. I agree to all tournament rules and understand that I may be disqualified if I do not follow these rules.

SIGNATURE OF PARTICIPANT: _____

DATE: _____

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____